

AN T. J

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name Jane Eberle		Office:  D House  D Senate	
Mailing address 187 Pilarim RU		District /23	
187 Pilgrim Rd. City, zip code 5. Portland, ME 04/06		Phone 776 - 3783	
	E DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from economic activity of each employer.	n whom you received compensation of \$1,000 or	more. Specify the principal type of	
Name of Employer	Address	Principal Type of Economic Activity of Employer	
South Portland School Dept.	120 Wescott Rd. 5. Portland, 04106	Education	
•			
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)		
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	any, and list the major areas of economic activity ssociation, or similar business entity, list the major	from which you derived income. If or areas of economic activity of that	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)	
Name: Address:	1/1/A	TO THE	
Name: Address:			

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FART 2 (COID)	nued). INCOME DERIVED FR (For Legislators who are self-em		ALEIAT Aleiat	
B. List each source of income derived from some greater, and specify the principal type of economic disclosure is prohibited by law, rule, or an estagentity or person from whom the income was defined by the second secon	onomic activity of the entity or per ablished code of professional ethic	son from whom you de	erived such income	. If this form of
Name and	J Address of Source		Principal Type Activity of Entity of the Source of	r Person Who is
Name: Address:	$\mathcal{N}A$	Lib Solotonia spania prima pri		
Name: Address:			mailead med tradesca LE columbra (1984) and the Arthur LE Columbra (1984) and the Arthur Arthur Columbra (1984)	Andreas (American and American American) (American and American and American American)
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	PART 3. MAJOR AREAS OF (For Legislators who are attorneys-a	t-law only.)		
List your major areas of practice. If associated		is of practice of your fire Major Areas of Prac	الأطارة يجار لا المواجعة والمواجعة المناسمة ومساب أو ما المارة والمرابعة والمارة والمرابعة والمارة والمرابعة المارة والمارة وا	eas of Practice
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Address:	e de de de la company de la co		укаруйчески	
	***************************************		voided	
	PART 4. OTHER SOURCES C	FINCOME		
List each source of income of \$1,000 or more	not listed in Parts 1, 2, or 3 of this f	orm. Do not include gif	ts. If none, check t	he box.
None	II 1883 - MANINEES PLANGES MARKET SKALLER AND MET SKALLER SKALLER SKALLER SKALLER SKALLER SKALLER SKALLER SKAL	PSPPALAMATAPAMEERINEMEERINEMEERINEMEERINEMEERINEMEERINEMEERINAMINATAREERINA	adan de del del de la companya de l	rmat (-олишта (14) сторода (2000-серовария и 15) каланда и голишти (-оливерия.
	Address of Source		Kind of I	
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Name: Address:	$\mathcal{N}A$	· Constitution of the cons		
	erskladsstandandelide uit et er stocken omder omder for er intelle et een en en tentestandande en en en en en e En en	namentonominamento - calda an 1971 tal e <del>Paras da Pianto ant</del> da Manas Addidicio habitacida de Calda	mrind merkantian terrapiscusiilis sastatin seetati materia eta eta eta eta eta eta eta eta eta et	isenad lädrällikkonsuumennenmenmennadalleloraaväldiselõtel (1878–1981) (1977–1977)
Name: Address:		(No. 2002) Anni Dan		
		dianapana		
	PART 5. REPORTABLE LIA	BILITIES		
List the names of creditors for any <u>unsecured</u>				nd list the major
areas of economic activity of each creditor. Do	o not list credit card liability or loans	s from a relative. If non	e, check the box.	att de martin de la companya de la c
None	Address of Creditor	tti sala kun kantii kii jiraan ja kalisa suurururun ya saksi aa kun as gartii sajanuwa salaa falasa sii k	Principal Type	of Economic
Name and	Address of Otolio		Activity of	
Name: Address:	A11H	Hammadowedsoversv		
	1V / '	***************************************		
Name:		workers and de de annu		
Address:		•		

PART 6.	. REPO	RTABLE GIFTS	p Sudfeet 1455 He was the summer	
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts	with an aggregate v	alue of more	than \$300 from a single source. If
None		volutionantalenerozaegosty, , , , , , , , , , , , , , , , , , ,	ALLEANALOS SEGUES AND	nt hat the shades have be shaded an among shaped and a high period period for group of period
Name of Source of Gift  1. MAINE POTATO BOARD	IH	3.	Name of	Source of Gift
2. Per Rep. Ebe 2/19/10 s	r/PL	4.		thread the course the disease processing or the course of
PART 7. RE List the source of any honoraria accepted for appearances or		ABLE HONORARIA es related to your legis		onsibilities. If none, check the box.
None		in the second	100/100/100/100/100/100/100/100/100/100	
Name of Source of Honoraria  1.	1//	<u> </u>	Name of Sou	urce of Honoraria
2.		4.	Olaivähandanassetytaagalaji sagangag gydgyfyd	ESSANGERENTAANSEN EIN HEN HANDE MAN EIN EIN EIN EIN EIN EIN EIN EIN EIN EI
PART 8. REPRESENT	TATION	PECOPE STATE	ACENCIES .	
List each executive branch agency before which you represe				
box.		Park (MORA) A Park Park Park (Mora) A service di Production (Mora) A service di Service de La companya de la co	- 120-12 villesine PP millione demandable deministrative desirable.	Michaelmann de Corono por en 1910 por que esta por deservos por como de la manda del manda de la manda de la manda del manda de la manda del la manda de la manda
Name of Agency	ament to the transfer of the		Name	of Agency
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2.	\${\times_1}\$	4.	HISA-Wirld PHA-Sancer v	GRANAMINER (INTERPRETATION CONTINUES OF THE CONTINUES OF
		ITH STATE AGEN		
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of you	ır immediate family se	old goods or	services with a value in excess of
	Mil			Profit (Christol Anniella) (Prostlich Annie Martin Martin Annie An
Name of Agency	papellowed grid love to principe a se-	de la constitución de la constit	Name	of Agency
1.				
2.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4.		Noted Birth College (College College C
PART 10. INCOME RECEIVE	ED BY N	JEMBERS OF IMM	IEDIATE F/	AMILY
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	d of incom	ne represented. If yo	received by your spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Repres	come Received	Relationship	Kind of Income
Name: Brett Eberle Job Title: Physical Theropist	1. Me 2.	edi CII Hearin	Spouse or Domestic	1. Employment 2.
Job Title: Physical Theropist	3.		Partner	3.
		*Availaboottima.mi	Dependent Child	i e
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.			Dependent Child	THE RESIDENCE OF THE PROPERTY
			Dependent Child	potentiaphocomenic di operancia programa persona perso

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family hany office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.					
None					
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
Belgrade Lakes ASSC. P.J. Box 551 Belgrade Lakes, HE 04918	Diroctor	Sell		Nõ	
Belgrade Regional Conserv. Mias P.D. Box 250 Belgrade Lake MF. 04918	w Divector	Self		NO	

## **SIGNATURE**

Director

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

June E. Therle
Signature

SPICE Community Chember 4060 Pearl St. Portland, ME 04101

Date

Self

## **ADDITIONAL INFORMATION**

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing.

Part/Section Number

Part 11

Maine Physical Therapy Assoc - Director Spruse No. P.O. Box 1783

Forthand, ME 04104